## GROSSE POINTE SHORES DEPARTMENT OF PUBLIC SAFETY MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

Request Date:	Pursuant to the FOIA, there may be a charge for the preparation of records. A charge of \$5.00 (five dollars) for the initial incident report plus \$1.00 (one dollar) for each additional page necessary. We will attempt to contact you if the cost exceeds \$15.00 (fifteen dollars).									
Name of Requestor / Name of Company	Requesting Info	ormatio	n							
Address				<u>.</u>						
Primary Telephone			Secondary Telephone							
	TYPE C	)F RE	COR	D REQU	ESTED:			_		
□ POLICE REPORT				<u> </u>	TRAFFIC C	RASH / A	CCIDEN	<del></del> Г REPORT		
FIRE REPORT				☐ VIDEO (There is a \$50.00 charge for each copy)						
EMS / AMBULANCE REPORT				OTHER INFORMATION (Please Specify Below)						
If not listed above, please specify wi	hat types of rec	ords tl	hat yo	u are requ	esting:					
REPORT NUMBER:					INCIDENT DATE:					
LOCATION OF EVENT (PLEASE BE	: Specific):									
	SUBJECT	SPE	CIFIED	IN THE	RECORD:		<u> </u>			
LAST NAME			FIRST NAME				MIE	MIDDLE NAME		
DATE OF BIRTH R			.CE	SEX	PHONE	NUMBER				
ADDRESS										
COPIES TO BE MAILED ( COPIES TO BE DETAINED COPIES TO BE FAXED TO DEPARTMENT ASKED TO REQUESTOR WILL CONTA	PLEASE PRO D AT GROSSI D REQUESTO CONTACT R ACT DEPARTI	VIDE A E POIN R (PRI EQUES MENT	ADDR NTE 9 DVIDE BTDR IN (5)	SHORES F FAX NU WHEN R ) FIVE WI	IFFERENT I PUBLIC SA IMBER) ECORDS A ORKING BU	FETY DE	PARTMEN			
	, ·	OFFIL		SE ONL						
DATE REDEIVED	<del>-</del>			DATE RESPONSE REQUIRED					<del></del>	
EXTENSION REQUESTED REASON FOR PARTIAL GRANT / DENI		NG		GRANT IN F	FULL:		GRANT I	N PART:		
APPEAL RECEIVED DATE:				APPEAL RESPONSE DATE:						
APPEAL RESPONSE BENT:				CHARGE FOR REDORD: PAID YES NO						